Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1 2003

|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                | CLAIMS AS                                 | (Column 1)   |                                   | (Column 2)          |                  | SMAL<br>TYPE | SMALL ENTITY TYPE |                        | OR | OTHER THAN OR SMALL ENTITY            |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|--------------|-----------------------------------|---------------------|------------------|--------------|-------------------|------------------------|----|---------------------------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                           |              |                                   |                     |                  | RAT          | Έ                 | FEE                    | ]  | RATE                                  | FEE                    |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                           | NUMBER FILED |                                   | NUMBER EXTRA        |                  | BASIC        | FEE               | 385.00                 | OR | BASIC FEE                             | 770.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                           | 7 minus 20=  |                                   | *                   |                  | X\$ 9        | 9=                |                        | OR | X\$18=                                | :                      |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                                           | \ minus 3 =  |                                   |                     |                  | X43          | =                 |                        | OR | X86=                                  |                        |
| ML                                                                                                                                                                                                                                                                                                                                                                                                         | ILTIPLE DEPEN                                  | IDENT CLAIM P                             | RESENT       |                                   |                     |                  | +14          | 5=                |                        | OR | +290=                                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column                                                                                                                                                                                                                                                                                                                                     |                                                |                                           |              |                                   |                     | olumn 2          | TOT          | ΑL                | 38                     | OR | TOTAL                                 |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | С                                              | LAIMS AS A                                | MENDED       | D - PART II (Column 2) (Column 3) |                     |                  | SMA          | LL E              | ENTITY                 | OR | OTHER<br>SMALL I                      |                        |
| ENT A                                                                                                                                                                                                                                                                                                                                                                                                      |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUME<br>PREVIC<br>PAID I  | BER<br>OUSLY        | PRESENT<br>EXTRA | RAT          | E                 | ADDI-<br>TIONAL<br>FEE |    | RATE                                  | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                  | Total                                          | *                                         | Minus        | **                                |                     | =                | X\$ 9        | =                 |                        | OR | X\$18=                                |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Independent                                    | *                                         | Minus ***    |                                   | CL AINA             | =                | X43          | =                 |                        | OR | X86=                                  |                        |
| L                                                                                                                                                                                                                                                                                                                                                                                                          | FIRST PRESE                                    | NIATION OF MI                             | JETIPLE DEF  | LTIPLE DEPENDENT                  |                     |                  | +145         | =                 |                        | OR | +290=                                 | ,                      |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                           |              |                                   |                     |                  |              | TAL               |                        | OR | TOTAL<br>ADDIT. FEE                   |                        |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                           |                                                |                                           |              |                                   |                     |                  |              | CC 1              | -                      |    | , , , , , , , , , , , , , , , , , , , |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                                |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUME<br>PREVIC<br>PAID I  | EST<br>BER<br>OUSLY | PRESENT<br>EXTRA | RAT          | E                 | ADDI-<br>TIONAL<br>FEE |    | RATE                                  | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Total                                          | *                                         | Minus        | **                                |                     | =                | X\$ 9        | =                 |                        | OR | X\$18=                                | :                      |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Independent                                    | *                                         | Minus        | ***                               | OL AINA             | =                | X43          | =                 |                        | OR | X86=                                  |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                             |                                                |                                           |              |                                   |                     |                  |              | _                 | ,                      | OR | +290 <sup>-</sup>                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                           |              |                                   |                     |                  |              | TAL<br>EE         |                        | OR | TOTAL<br>ADDIT. FEE                   |                        |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                           |                                                |                                           |              |                                   |                     |                  |              |                   |                        |    |                                       |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                                                                                |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>JUSLY        | PRESENT<br>EXTRA | RAT          | =                 | ADDI-<br>TIONAL<br>FEE |    | RATE                                  | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Total                                          | *                                         | Minus        | ** ,                              |                     | =                | X\$ 9        | -                 |                        | OR | X\$18=                                |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Independent                                    | *                                         | Minus        | ***                               |                     | =                | X43          |                   |                        | OR | X86=                                  |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |              |                                   |                     |                  |              | =                 |                        | OR | +290=                                 |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                |                                           |              |                                   |                     |                  |              |                   |                        |    |                                       |                        |